

**MONTHLY REPORTING FORM FOR PRIVATE /PUBLIC NON-PROFIT ORGANIZATIONS
RECEIVING FTA SECTION 5310 (16) FUNDS**

Name of Organization _____

Vehicle No. _____ License No. _____

1.	Total Number of Passengers Carried	Elderly	_____
	By Passenger Classification:	Disabled	_____

TOTAL _____

Of the total number of passengers carried,
what number are **non-ambulatory**? _____

2.	Trip Purpose, By Total Number of Passengers	Medical	_____
	Using Each Specific Trip Category:	Employment	_____
		Nutrition	_____
		Social/	_____

*(Totals should be the same in categories
one and two)*

Recreation _____

Education _____

Shopping/ _____

Personal _____

Other _____

TOTAL _____

3. Total Miles Driven: _____

4. Average Miles Per Day: _____

5. Average Number of Hours
Vehicle In Service Per Day: _____

6. Operating Expenses:

Salary _____

Fuel & Oil _____

Preventive _____

Maintenance _____

Repairs* _____

Other _____

**Please describe on a separate sheet any major
repairs to vehicles. Include data and mileage
reading at time of repair.*

TOTAL _____

7. Total Revenue Collected From Passengers: _____

8. Operating Revenue Collected From Other Sources:

Source	Amount
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continue on separate sheet

9. Odometer Reading: _____

10. Comments: *(On Reverse Side)*

DRIVER'S TRIP BY TRIP RECORD

DATE _____ VEHICLE NO. _____

TRIP	ORIGIN	DESTINATION	PASSENGER CLASSIFICATION				TRIP PURPOSE							
			ELDERLY		DISABLED		Medical	Employment	Nutrition	Social/ Recreation	Education	Shopping/ Personal	Other	Driver's Initials
			Amb.	Non-Amb.	Amb.	Non-Amb.								
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16*														
TOTALS														

* IF MORE THAN 16 TRIPS, USE SECOND PAGE.

PASSENGER RECORD

VEHICLE NO. _____

For The Month of _____

Day	Date	Fares	PASSENGER CLASSIFICATION				TRIP PURPOSE								
			Elderly		Disabled		Med- ical	Employ.	Nutri- tion	Social/ Rec.	Educa- tion	Shop/ Person	Other i.e. home	T O T A L	Driv Init.
			Amb	Non- Amb	Amb	Non- Amb									
1															
2															
3															
4															
5															
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28															
29															
30															
31															
TOTALS															

TOTALS SHOULD BE THE SAME FOR PASSENGER CLASSIFICATION AND TRIP PURPOSE.

REPAIRS ON VEHICLE

[illegible]

VEHICLE REPORT

Month _____

Date	MILEAGE		TIME		Total Fuel Adj.		Total Oil Add		Prev. Maint.	Driv. Init.
	Begin	End	Begin	End	Gals.	Cost	Qts.	Cost		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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28										
29										
30										
31										
Total:										
Remarks:										